

NAME _____ DATE _____

COMPANY (if applicable) _____ DATE NEEDED _____

STREET ADDRESS _____

CITY / STATE / ZIP CODE _____

PHONE # _____ FAX # _____

REFERRING EMPLOYEE _____

Records are Requested for: _____
CERTIFIED PROPERTY ADDRESS

Check all applicable boxes:

- ☐ Zoning Case Number (if known) _____
- ☐ Zoning Ordinance (if known) _____
- ☐ Building Permit Number (if known) _____
- ☐ Mechanical Permit Number (if known) _____
- ☐ Code Violation Information _____
- ☐ Certified Letter _____
- ☐ Special Report/Print-out _____
- ☐ Certificate of Occupancy _____
- ☐ Other (please specify) _____

Please explain in detail the information that you need:

Records Staff _____ Amount Due _____
 Date Received _____ Amount Received _____
 Date Out _____ Date _____
 Cashier Receipt # _____